

## **Development Services**

	For Office Use C	For Office Use Only  Date Received:		
ZBA Variance Application	Date Rece			
	Case Num	nber:		
	ZBA Hea	ring Date:		
	•	Case Contact:		
General Info	ormation Required			
(Please	print or type)			
Owner's Name		Telephone No.		
Owner's Address	City	State	Zip Code	
Applicant Name		Telephone No./	Fax No.	
Applicant Address				
Agent/Engineer Name		Telephone No./ Fax No.		
Agent/Engineer Address				
Site Information Required				
Address or General Location of the Site Subdivision Block	Lo	Lot(s) Acres		
Legal Description of the Property				
Current Use of Property		Zoning:		
Zoning Information				
Specific description of variance requested:				
Reason for variance request:				
List special conditions or hardships (other than financial):				

Describe any existing encroachments or non-conformitte	s within 250° of your property:
Certi	fication
	cribed property for the purpose of this application. I d the regulations regarding this process as specified by me or my authorized agent to be present at any and all
Owner's Signature	Owner's Printed Name
Owner's Mailing Address	Owner's Telephone
I hereby authorize the person designated below to ac representation and/or presentation of this request. The person with the City in processing this application.	
Owner's Signature	Owner's Printed Name
Agent's Signature	Agent's Printed Name
Agent Au	thorization
designated below to act as my agent for the applica	of the subject property, I hereby authorize the person tion, processing, representation and/ or presentation of aciple contact person with the City (and vice versa) in ion, or issues relevant to this request.
Owner's Signature	Owner's Printed Name
Agent's Signature	Agent's Printed Name
Agent's telephone number	Agent's Address